

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

REFERRAL FOR SOCIAL SECURITY DISABILITY BENEFITS

SCIAL SECURITY ADMINISTRATION (SSA) DISTRICT OFFICE SSA DISTRICT OFFICE SOCIAL SECURITY NUMBER SOCIAL SECURITY	MAILED TO:				
STREET ADDRESS TELEPHONE NUMBER (INCLUDE AREA CODE) DSHS CASE NUMBER TELEPHONE NUMBER (INCLUDE AREA CODE) DSHS CASE NUMBER TELEPHONE NUMBER (INCLUDE AREA CODE) DSHS CASE NUMBER THE FOLLOWING DOCUMENTS AREA Applicant THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS LETTER INITIAL PACKET - ADULT CLAIM SSA-3336 Blasbility Report SSA-3337 Function Report - Adult SSA-3337 Function Report - Adult SSA-3337 Function Report - Adult SSA-3337 Pain Report - Adult SSA-3337 Pain Report - Adult SSA-3337 Pain Report - Adult SSA-3337 Function Report - Adult SSA-3339 Function Report - Adult SSA-341 Function	SOCIAL SECURITY ADMINISTRATION (SSA) DISTRICT OFFICE	SSA D		MAILED	
CITY STATE ZIP CODE PARENT/GUARDIAN'S NAME SHASSISTATUS	CLIENT'S NAME		SOCIAL SECURITY NUMBER		
Seneral Assistance (GA): Temporary Assistance to Needy Families CTANF; Applicant TANF; Applicant App	STREET ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE) DSHS CASE NUMBER			
General Assistance (GA): Temporary Assistance to Needy Families Applicant (TANF): Other (specify): Reciolent Applicant Applica	CITY STATE ZIP CODE	PARENT/GUARDIAN'S NAME			
INITIAL PACKET - ADULT CLAIM	General Assistance (GA): Temporary Assistance to Needy Families Applicant (TANF): Other (specify): Recipient Applicant				
SSA-3368 Disability Report SSA-3370 Pain Report - Adult SSA-3373 Function Report - Adult SSA-3373 Function Report - Adult SSA-3411-F6 Disability Report SSA-3417-F6 Disability Report SSIF Personal Observations DSHS 11-225(N) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI Medical Reports from DSHS file Other: NOTES SSA-3369 Work History Report SSA-358-827 Release of Information DSHS 01-147(X), OD/CSO Communication Transmittal DSHS 01-147(X), OD/CSO Communication Transmittal DSHS 01-147(X), OD/CSO Communication Transmital SSIF Personal Observations DSHS 01-147(X), OD/CSO Communication Transmital SSIF Personal Observations DSHS 01-147(X), OD/CSO Communication Transmital DSHS 01-147(X), OD/CSO Communication					
SSA-3370 Pain Report - Adult SSA-3370 Function Report - Adult SSA-3373 Function Report - Adult SSA-3373 Function Report - Adult SSA-3373 Function Report - Adult SSA-337 Fain Report SSA-33820 Disability Report SSA-33820 Disability Report SSA-337 Pain Report - Adult SSA-338 Vork History Report Notes SSA-401 April 10 Vork History Report SSA-401 April 10 Vork History Report Notes SSA-401 April 10 Vork History Report Notes	INITIAL PACKET - ADULT CLAIM RECONSIDER	ATION PACKET	APPEAL	_ HEARING PACKET	
SSA-3820 Disability Report SSA-337 Pain Report - Adult SSA-3389 Work History Report SSA-327 Release of Information SSA-3369 Work History Report SSA-3369 Work History Report SSA-3369 Work History Report SSA-337 Release of Information DSHS 01-187(X), ODI/CSO Communication Transmittal SSIF Personal Observations DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI Medical Reports from DSHS file Other: To: SSA CLAIMS REPRESENTATIVE PLASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT Forms checked above are in the packet (except for:	☐ SSA-3370 Pain Report - Adult ☐ SSA-3373 Function Report - Adult ☐ SSA-3373 Function Report - Adult ☐ DSHS 01-187(X),	☐ SSA-3441-F6 Disability Report ☐ SSA-827 Release of Information ☐ SSIF Personal Observations		 ☐ HA-4486 Disability Report ☐ SSA-827 Release of Information ☐ DSHS 18-235(X) Interim Assistance Reimbursement Agreement: 	
SSA-3820 Disability Report SSA-337 Pain Report - Adult SSA-337 Pain Report - Adult SSA-337 Function Report - Adult Other: OTHER FORMS (BOTH ADULT AND CHILD) SSA-3369 Work History Report SSA-16-F6 Application for SSDI SSA-16-F6 Application for SSDI SSA-18-76 Application for SSDI SSA-3369 Work History Report SSA-827 Release of Information DSHS 01-187(X), ODI/CSO Communication Transmittal SSIF Personal Observations DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI Medical Reports from DSHS file Other: TO: SSA CLAIMS REPRESENTATIVE PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT Forms checked above are in the packet (except for: Interim Assistance Reimbursement Agreement is input into SSA computer Protected filing date for this claim is: SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) DATE COMMUNITY SERVICES OFFICE (CSO)					
SSA-8001 Application for SSI SSA-16-F6 Application for SSDI SSA-3369 Work History Report SSA-827 Release of Information DSHS 01-187(X), ODI/CSO Communication Transmittal SSIF Personal Observations DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI Medical Reports from DSHS file Other: TO: SSA CLAIMS REPRESENTATIVE PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT Forms checked above are in the packet (except for: Interim Assistance Reimbursement Agreement is input into SSA computer Protected filing date for this claim is: SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) WA ZIP CODE WA	☐ SSA-3820 Disability Report ☐ DSHS 18-235(X) ☐ SSA-337 Pain Report - Adult ☐ SSA-3371 Function Report - Adult ☐ Other:	☐ DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI ☐ Other:		orts from DSHS file	
SSA-16-F6 Application for SSDI SSA-3369 Work History Report SSA-827 Release of Information DSHS 01-187(X), ODI/CSO Communication Transmittal SSIF Personal Observations DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI Medical Reports from DSHS file Other: TO: SSA CLAIMS REPRESENTATIVE PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT Forms checked above are in the packet (except for: Interim Assistance Reimbursement Agreement is input into SSA computer Protected filling date for this claim is: SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) WA ZIP CODE WA	OTHER FORMS (BOTH ADULT AND CHILD) NOTES				
PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT Forms checked above are in the packet (except for:	□ SSA-16-F6 Application for SSDI □ SSA-3369 Work History Report □ SSA-827 Release of Information □ DSHS 01-187(X), ODI/CSO □ Communication Transmittal □ SSIF Personal Observations □ DSHS 18-235(X) Interim Assistance □ Reimbursement Agreement: □ Initial/Posteligibility SSI □ Medical Reports from DSHS file □ Other:				
Forms checked above are in the packet (except for: Interim Assistance Reimbursement Agreement is input into SSA computer Protected filing date for this claim is: SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) COMMUNITY SERVICES OFFICE (CSO) ZIP CODE WA	TO: SSA CLAIMS REPRESENTATIVE				
☐ Interim Assistance Reimbursement Agreement is input into SSA computer ☐ Protected filing date for this claim is: SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) DATE COMMUNITY SERVICES OFFICE (CSO) ZIP CODE WA	PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT				
COMMUNITY SERVICES OFFICE (CSO) ZIP CODE WA	Interim Assistance Reimbursement Agreement is input into SSA computer				
WA	SSA CLAIMS REPRESENTATIVE'S SIGNATURE TELEPHONE NUMBER (INCLUDE AREA CODE) DATE				
SUPPLEMENTAL SECURITY INCOME FACILITATOR'S (SSIF) NAME TELEPHONE NUMBER (INCLUDE AREA CODE)				DDE	

DSHS 11-017(X) (REV. 06/1997) COPIES TO: SSA; SSIF Holding